

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048541

12095

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED DEC 21 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **3915 De Tonty**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**3915 De Tonty**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **CHARLES**

Middle **M**

Last **LOVETT**

4. DATE OF DEATH

Month **12-15-1962** Day Year

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **6-18-1909**

9. AGE (last birthday) **53**

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Tel.**

10b. KIND OF BUSINESS OR INDUSTRY  
**Am. T. & T Co.**

11. BIRTHPLACE (City and state or country)  
**Tamms Ill**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Thomas C Lovett**

13b. MOTHER'S MAIDEN NAME

**Theresa Franke**

14. NAME OF HUSBAND OR WIFE

**Dorothy Soerensen Lovett**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

**Dorothy Lovett 3915 DeTonty 10**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute pulmonary edema**

INTERVAL BETWEEN ONSET AND DEATH  
**2 1/2 hrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Hypertensive cardiovascular disease**

**1 yr -**

DUE TO (c)

**Uremia (malignant nephrosclerosis)**

**3 mos.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**441X**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1955** to **12/13-1962** and last saw her alive on **Dec 13, 1962**

Death occurred at **3/45 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**George A. Maho MD**

22b. ADDRESS

**950 Frances Pl**

22c. DATE SIGNED

**12-17-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**1218-1962**

23c. NAME OF CEMETERY OR CREMATORY

**Resurrection Cem**

23d. LOCATION (City, town, or county)

**St. Louis Co.**

(State)

24. FUNERAL DIRECTOR

**Wingbermuehle 3919 So Grand Blvd**

25. DATE RECD. BY LOCAL REG.

**DEC 17 1962**

26. REGISTRAR'S SIGNATURE

**Loan Smith M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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DATE AMENDED

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2

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*George J. Kingbom*  
\_\_\_\_\_  
Licensed Embalmer No. 4611

P. O. Address

*Edison 1876*  
\_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.